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Major developments in the area of ageing since the Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report, prepared in response to resolution 44/1 of the Commission for Social Development, covers some of the main global and regional developments in the area of ageing since the Second World Assembly on Ageing in 2002. In the context of the changing age structure of the population, the report addresses a range of socio-economic issues such as the sustainability of social protection systems, older workers' participation in the labour market, approaches to adjusting health-care and social-care services, as well as issues of empowerment of older persons, including the protection of their rights, facilitation of their participation in society and promotion of positive and balanced images of ageing.

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I. Introduction

1. In its resolution 44/1, the Commission for Social Development requested the Secretary-General to submit to it, at its forty-fifth session, a report on major developments in the area of ageing since the Second World Assembly on Ageing in 2002.[1] The present report has been prepared in response to that request and is intended to facilitate discussions by Member States on the challenges and opportunities of ageing — the global theme for the first review and appraisal of the implementation of the Madrid International Plan of Action on Ageing.[2]

2. Since the Second World Assembly on Ageing, Governments have introduced a wide range of measures aimed at addressing various challenges stemming from population ageing. Due to length limitations, the present report will highlight only some of the main developments in that area, on the basis of a variety of sources available to the Secretariat, including submissions received from the regional commissions and international experts in the area of ageing. The selected topics were not rated in the order of their national, regional or global priority, and the examples of policies and programmes in different countries and regions are given for illustrative purposes. Various examples of government policy responses to follow-up the Second World Assembly on Ageing can also be found in earlier reports of the Secretary-General submitted to the General Assembly.[3]

3. The structure of the report is defined by the broad framework outlined in the Madrid Plan of Action and is anchored to issues having major significance for policymaking. Taking ongoing demographic change as its point of departure and as part of the background for analysis, the report highlights such issues as sustainability of social protection systems, older workers' participation in the labour market and emerging approaches to health-care and social-care services for older persons. Particular emphasis is given to the empowerment of older persons, including the protection of their rights, facilitation of their participation in society and promotion of positive and balanced images of ageing. The report also emphasizes the importance of ageing-related research and recent advances in that field. Conclusions and recommendations based on the analysis provided in the report are presented at the end.

II. Major developments in ageing and policy responses

4. Population ageing represents a major social achievement: the manifestation of progress and improvement in the human condition. It is also an issue of global concern that requires concerted, well-focused and forward-looking policy measures at the national, regional and international levels.

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[1] See *Official Records of the Economic and Social Council, 2006, Supplement No. 6* (E/2006/26), chap. I, sect. C.

[2] See *Report of the World Assembly on Ageing, Vienna, 26 July-6 August 1982* (United Nations publication, Sales No. E.82.I.16), chap. VI, sect. A.

[3] See A/60/151 and A/61/167.

A. Demographic landscape

5. Demographic change is a slow process that can only be accurately observed over the course of decades. While the demographic picture of ageing has not changed significantly since the Second World Assembly on Ageing in 2002, several phenomena of population ageing and their implications are nonetheless worth observing.

6. World populations are continuing to age at an accelerated pace, with the median age projected to rise from its current 28 years to 38 years by 2050.[4] The share of the population aged 60 or above is expected to increase dramatically from its current level of 1 in 10 (10 per cent) to more than 1 in 5 (22 per cent) by 2050. In 2005, there were 672 million older persons; by 2050, that figure will have nearly tripled to about 2 billion. Overall world population is growing at a rate of 1.2 per cent annually, whereas the population of older persons is growing at 2 per cent per year, and will increase to a growth rate of 3.1 per cent annually during the period 2010-2015. The fastest growing segment of the older population is that of persons 80 years or older, the "oldest old", with their rate increasing by 4.2 per cent annually. Moreover, the number of persons aged 100 years or older is projected to increase by a factor of 13, from about 287,000 in 2006 to 3.7 million by 2050. These changing demographics are also bringing about changes in the perceptions of who is to be considered an "older person", leading countries to differentiate between categories of older persons.

7. Older women continue to outnumber older men, as the life expectancy for women is greater than that for men. There were 67 million more women than men over the age of 60 in 2005, and the gender gap widens with age. There are nearly twice as many women over 80 as men, and more than four of five persons aged 100 or more are women. The feminization of ageing presents some major challenges for policymaking, as in many developing countries, a higher proportion of older women than older men are single, outside the labour force and illiterate.[5]

8. While birth rates continue to decline, longevity continues to increase. Global life expectancy increased 17.9 years for men and 19.7 years for women over the second half of the twentieth century to reach an average of 66 years. Contrary to popular perceptions, the increases in life expectancy have been more pronounced in developing rather than in developed regions. Even in the least developed regions of the world, significant gains in longevity have been achieved, as men and women can expect to live an average of 15 years longer than they did 50 years ago. Due to a combination of differences in fertility rates and life expectancy, population ageing is more pronounced in certain regions than in others. Whereas 1 in 5 Europeans (20.7 per cent) is aged 60 or over, only 1 in 20 Africans (5.2 per cent) falls into that age category. The differences can be attributed to variations in life expectancy at birth, which in 2000-2005 ranged from a low of 49.1 years in Africa to a high of 77.6 years in North America — a difference of 28.5 years. The gap is expected to

[4] The data in this section are derived from recent United Nations publications, including *World Population Prospects: The 2004 Revision, Population Challenges and Development Goals* and *Population Ageing 2006*.

[5] See for example Ghazy Mujahid, "Population ageing in East and South-East Asia: current situation and emerging challenges", United Nations Population Fund, *Papers in Population Ageing*, No. 1 (July 2006).

close markedly, however, as projections for 2045-2050 show life expectancy at birth rising to 65.4 years in Africa and 82.7 years in North America, for a difference of 17.3 years.

9. In the remaining regions of the world, differences in population ageing will have largely disappeared by 2050, as a similar share of the populations in Asia, Latin America, North America and Oceania will be over age 60, ranging from 23.6 per cent in Asia to 27 per cent in North America. Despite the aforementioned progress in closing regional gaps, Africa and Europe will remain outliers, as 10 per cent of Africans will be over 60 by 2050, compared to 34.5 per cent of Europeans. Africa is expected to lag behind other regions in population ageing, in part due to the impact of HIV/AIDS, while Europe is expected to exceed other regions in the ageing of its population, due largely to the rapid decline in fertility rates.

10. Overall, however, the rate of population ageing is accelerating in developing countries, which will thus have less time to adapt to the impending changes. The old-age dependency ratio (the ratio of older persons per 100 adults of working age) could double in 50 years in some developing countries, whereas it took 150 to 200 years for it to double in developed countries. In developing regions, the number of persons aged 60 or over is expected to increase by a factor of 4 from 2000 to 2050, compared to an increase by a factor of 1.7 in developed regions. Likewise, the old-age dependency ratio is expected to triple from 2000 to 2050 in less developed regions and to double in more developed ones.

B. Towards sustainable systems of social protection

11. Widespread global inequality in the availability of and access to social protection in old-age and pension programmes continues. While developed countries tend to offer universal social protection programmes, which provide basic health care and income security for all those reaching a statutory retirement age, most developing countries fall far short of universal coverage. Although efforts are under way to extend social protection to a wider range of old-age recipients throughout the developing world, progress remains slow and modest.

12. At the same time, Member States are adjusting their social protection policies to account for demographic ageing, though most policy changes have not taken the form of large-scale cutbacks in benefits or the dismantling of public programmes. On the contrary, many developed countries have introduced reforms and made adjustments to their pension and health-care programmes aimed at achieving financial stability and ensuring that programmes continue to deliver to future generations. Those countries have also taken steps to discourage early retirement and to motivate people to work longer. In a small but encouraging number of developing countries, "social pensions" have been introduced to ensure that a minimum subsistence income is paid to low-income older persons.

13. Cost considerations are typically cited as the main reason why lower-income countries have not been able to launch universal social protection schemes. The prevailing presumption that social protection is unaffordable for low-income countries has, however, been strongly challenged in recent years, particularly in recent studies by the International Labour Organization (ILO), which demonstrate that basic non-contributory pensions and health care can be delivered at low per

capita GDP levels.[6] Adding to the momentum is a growing movement in some key donor countries to help fund the establishment of social protection programmes, viewed as a basic right enshrined in the Universal Declaration of Human Rights. It is also argued that social protection formed part of the foundation for the growing prosperity of many now wealthy developed countries.[7]

14. With a majority of people in some countries working in the informal economy, there are significant obst cles to establishing, funding and maintaining traditional contributory pension pr mmes. Since many workers are unable to contribute to and take part in them, ne programmes tend to perpetuate — and sometimes exacerbate — existing inequalities. Meaningful reforms of pension systems are aimed at eliminating regressive financing mechanisms and developing an income source to subsidize a non-contributory safety net for the poor and near-poor, who are unable to contribute to a pay-as-you-go scheme. A key social protection instrument that has thus emerged is the "social" (non-contributory) pension. Provided at a relatively small percentage of total GDP (about 2 per cent), social pensions have been very effective in reducing poverty among older persons and their families. Given the growing recognition of the importance of social protection programmes in combating poverty and exclusion among older persons, a number of developing countries have undertaken initiatives to establish universal social pension plans (for example, in Botswana, Brazil, Mauritius, Nepal and South Africa).[8]

15. In March 2006, the African Union and the Government of Zambia, assisted by HelpAge International, organized a regional conference for East and Southern Africa on cash transfers as a social protection instrument. The resulting Livingstone Declaration, endorsed by 13 countries, called for African Governments to put together, within three years, costed national cash transfer plans that were integrated into national development plans and within national budgets, and that development partners could supplement. Progress on that front had already been seen in Lesotho, one of the world's poorest countries in terms of per capita income, through the introduction in 2004 of a universal old-age pension for citizens over the age of 70, thus joining a group of southern African countries offering significant benefits to their older populations.

16. In Asia, Bangladesh has continued to develop its old-age allowance and widow's allowance programmes, encouraged by pressure from older citizens groups monitoring those benefits. Thailand is taking concrete steps to increase the coverage of a welfare scheme, under which 70 per cent of all eligible older persons are entitled to receive a specific monthly allowance.[9] The successful institution of the programmes demonstrates what is possible if political impetus is given to social protection programmes.

17. In developed countries, the main trends have involved ways to rein in mounting liabilities for social protection programmes. One such trend entails raising

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[6] See for example International Labour Organization, "Can low income countries afford basic social protection? First results of a modeling exercise", *Issues in Social Protection*, No. 13 (June 2005).

[7] See International Labour Organization, "Social security for all: investing in global social and economic development" *Issues in Social Protection*, No. 16 (August 2006).

[8] HelpAge International, "Why social pensions are needed now", *Briefing on social pensions* (October 2006).

[9] See Mujahid, loc. cit.

the age at which a person becomes eligible for retirement benefits, in recognition of the steady increase in life expectancy over the past decades. The median pensionable age in 2002 for women in 23 high-income Organization for Economic Cooperation and Development (OECD) countries was 60. Based on legislation in effect in 2004, however, by 2035 the median pensionable age will rise to 65. Overall, by 2035, 15 of the 23 OECD countries will have a social security pensionable age of 65 or higher for men and 14 of them will have pensionable ages of 65 or higher for women.[10] Although the changes may appear incremental, they are remarkable, considering the historical pattern of long periods (nearly a century in some cases), during which there was little or no change in the pension age despite marked increases in longevity.

18. A new trend to emerge is for countries to index their social security programmes to changes in demography: either changes in life expectancy or changes in the old-age dependency ratio. The trend is apparent in changes in life expectancy in countries adopting notional defined contribution plans, such as Italy, Latvia, Poland, and Sweden.[11] The plans are social security old-age benefit schemes in which each worker has an individual account, even though the system as a whole is financed on a pay-as-you-go basis. For each retirement cohort, the amount of benefits is gradually adjusted downward to take into account the long-term trend towards greater life expectancy. Finland has adopted a proposal for life expectancy indexing of benefits, but it has not yet taken effect. The trend can also be witnessed in such countries as Germany and Japan, which are adopting indexing mechanisms that take changes in the old-age dependency ratio into account.

C. Labour markets and older workers

19. The ageing of the population has major implications for the labour force and the status of older workers. Developed countries, countries with economies in transition and developing countries with low fertility rates will be the most affected by the ageing of the workforce. Whereas in the past there was a tendency among those countries to encourage older workers to leave the labour force through early retirement in order to make room for the growing numbers of younger workers, the trend is now shifting. Concerns over pension liabilities, mounting old-age dependency ratios, impending skills gaps and potential labour-force shortages have created a momentum towards the elimination of mandatory retirement ages and the extension of the number of working years.

20. There has been a significant trend in recent years towards forestalling early retirement. During the 1980s and 1990s, many employers resorted to the use of early retirement schemes as a more benign way of handling the restructuring or downsizing of their workforces. Workers over 50 were typically offered cash or benefit incentives if they voluntarily retired from their jobs. The problem with that approach, however, was that some of the most skilled and experienced workers left the workforce prematurely, and at times without any particular gains for younger

[10] John Turner, "In brief: social security pensionable age in OECD countries: 1949-2035", *AARP Research Report* (October 2005).

[11] Alan J. Auerbach and Ronald Lee, "Notional defined contribution pension systems in a stochastic context: design and stability", Washington, D.C., 10 and 11 August 2006.

entrants to the job market.[12] Moreover, employers ended up solving a short-term problem by creating a long-term liability in their pension plans, a matter that has become more pronounced as longevity rates continue to climb.

21. The push for labour market reform and efforts to increase the number of older workers and promote their employability are more pronounced in some regions than in others. In the European region, for example, the primary concern is to reverse the trend towards early retirement. The average labour-force participation rate for men aged from 55 to 64 in Europe was just 53 per cent in 2005, well below the global average of 74 per cent.[13] Governments are now considering initiatives to encourage workers to remain in the labour force so that the effective retirement age is more closely in line with the statutory retirement age, which tends to be 65 years in many European countries.

22. Labour-force participation rates fall dramatically for those aged 65 and over, although regional variations are considerable. For European men, who generally acquire pension entitlements upon reaching 65, the labour-force participation rate is about 8 per cent, in stark contrast to those of other regions, particularly in Africa, Asia and Latin America, where the labour-force participation rate of men 65 and over is 57, 37 and 38 per cent, respectively. The difference is probably attributable to the lack of pension plans or other income support programmes for older persons in those regions, thereby making retirement an unattainable luxury for them. Regional differences are also quite substantial, although less pronounced, for women, ranging from a low of 4 per cent in Europe to a high of 26 per cent in Africa, 13 per cent in Asia and 14 per cent in Latin America.

23. Another significant labour-market trend is the increasing demand for long-term care workers to provide care to the ageing population, accompanied by an opposing trend that sees more women entering the labour market and therefore not available to provide unpaid care at home. At the moment, the migration of health professionals and care workers from developing to developed countries is helping to meet the rising demand for care workers. Such a situation has both positive and negative consequences for sending countries: an increase in foreign remittances, for example, but also a loss of workers during their most productive years. In the future, however, as population ageing becomes more evident in developing countries, migration patterns will have to change, otherwise older persons could be left behind in home countries without any family members remaining as their caregivers.

24. Some developed market economies, such as Australia, New Zealand and the United States, have eliminated mandatory retirement ages, thereby enabling workers to continue working for as long as they are both willing and able; other countries, such as Canada, are considering similar actions.[14] Employers are also beginning to recognize the value and importance of retaining older workers, offering them incentives to remain on the job rather than retire early. Since 2002, several countries, notably Denmark and Finland, have instituted new and more flexible employment arrangements for older workers, and increased spending on older-

[12] See Organization for Economic Cooperation and Development *Live longer, work longer*, Paris, 2006.

[13] These and subsequent figures on labour-force participation rates are derived from calculations by the Department of Economic and Social Affairs based on ILO, *Key Indicators of the Labour Market*, 4th edition (2005).

[14] See www.labourlawoffice.com/misc/mandatory_retirement.html.

worker training programmes. Older workers are also being given more opportunities to enrol in education and training programmes so that their skills keep abreast of new technological developments. The attractiveness of training and its returns for older workers can be increased by a combination of policy measures, such as greater investment in lifelong learning at mid-career, adopting teaching methods and content suited to the needs of older workers, as well as by promoting later retirement, which may itself encourage greater investment in training programmes.[12] In some economies in transition (for example, the Russian Federation and Ukraine), working pensioners are often encouraged to stay on board and allowed to collect their full pension in addition to their salary.

25. In developing countries, such as Bangladesh, China and India, efforts are being made to grant older workers better access to credit so that they can start their own businesses, particularly in rural communities that have experienced a mass migration of younger persons to urban areas. For older persons no longer able to work, the introduction of social pension programmes is enabling them to retire with dignity and security.

D. Meeting the growing demand for care

26. The development of high-quality, affordable and sustainable health and care services, in particular long-term care, is one of the biggest challenges of rapidly ageing societies. An increasing demand for care services, predominantly their non-medical components, is associated with an ongoing shift away from residential towards ambulant and home care. There is also greater recognition that modern health-care systems are not always equipped to deal with the growing ageing population, because they have been set up for acute care and expediency, rather than attending to the chronic illnesses common in older patients. As they age, people often experience multiple health problems, which require integrated treatment approaches that are not yet adequately developed in most countries. Another unmet challenge is that posed by disease prevention and the promotion of well-being as a person ages. Thus, an important aspect of managing adequate care provision will be the integration of preventive, curative and rehabilitative measures within a continuum of care, including palliative care, and enhancing support for caregivers.

27. Public discussions in many countries still centre on the cost of health programmes for the growing number of older persons. The results of recent studies show that ageing does not by itself explain why health-care costs have been rising at a much faster rate than inflation almost everywhere in the world, and that greater longevity has little effect on total health-care costs, because the greatest costs are concentrated near the end of life, regardless of age at death. The implications for both developed and developing countries are that health-care expenditures could potentially be lowered if care were focused on keeping people healthier and disability-free for as long as possible.

28. The World Health Organization (WHO) reports that among policymakers, the goal of healthy ageing and a lifelong approach to ensuring a healthy old age have become more widespread since 2002, particularly in countries with a higher degree of population ageing. A number of European countries have recently shifted their policy focus to encompass active, healthy ageing and measures to enhance services for older persons remaining in their own homes; for example, the Government of

Spain has addressed those two issues by making them the main pillars of its social policy for older persons.

29. Many developing countries have traditionally relied on a social support system based primarily on family care that provides support for older persons within the extended family. However, smaller families and the increasing percentage of older persons living alone over the coming decades will stretch traditional family-based social care as the number of available caregivers decline, while cultural norms, such as filial piety, continue to change.[15]

30. Apart from the above factors, the shift from extended to nuclear families, together with migration both within and outside the country, also contributes to the decline in the co-residence of older persons with their family members, and, consequently, leads to an increase in the average cost of living of older persons residing alone. With declining family support, the challenge of ensuring adequate living arrangements will have to be taken up by Governments. In the region of the Economic and Social Commission for Asia and the Pacific (ESCAP), such a development has already been witnessed in Japan, which, over the past few years, has significantly altered its parameters for long-term care of older persons by introducing, in 2000, a mandatory long-term care insurance system. Further reform measures were undertaken in 2005 to enhance the sustainability of the system. In most developing countries, older women are often the main, if not the only, caregivers in the extended family, and have to cope with various challenges without any public support.

31. In most developed countries, provision of community care has become the policy choice. While generally considered a positive one, that trend increases the burden on family carers (primarily women) and also runs counter to employment policies, which generally encourage women to remain in the workforce and earn their own pension rights. In addition, more and more older persons are caring for even older relatives. These relatively new developments have yet to be addressed with adequate policy responses, such as the provision of services for informal carers, including older carers.

32. In the European region, the number of very old persons (over 80) will increase three to four times within two generations, which means that a greater number will be at risk of dependence, even as health status improves and disability prevalence decreases. While at-home care services have been expanded significantly, additional provisions, including budget allocations, are required to support a growing number of extremely frail older persons and their caregivers. In the United Kingdom, for instance, expenditure on long-term care is expected to rise by about 315 per cent in real terms between 2000 and 2051 to correspond to current and future demographic changes.[16]

33. Another issue that will have to be tackled in many developed countries is the financing of programmes for older persons not covered by private, long-term care insurance. In most countries of the European Union, social care is means-tested,

[15] See *Living Arrangements of Older Persons Around the World* (United Nations publication, Sales No. E.05.XIII.9).

[16] Alliance for Health and the Future, "Promoting age equality in the delivery of health care", *Issue Brief*, vol. 2, No. 3.

thus making a large number of people responsible for paying the full cost of care and placing a greater burden on family members for informal care.

34. In many regions, support services for providers of informal, long-term care are limited. For instance, in the region of the Economic and Social Commission for Western Asia (ESCWA), several countries have established or expanded nursing home services to respond to varied needs, from free-of-charge or nominal-charge institutions run by Governments or non-governmental organizations, to expensive profitable private homes. However, support for families caring for older persons is rare; training for social workers on the needs of older persons or their carers, is also rare, or even non-existent.

35. The majority of countries in Africa lack age-specific health or care policies, and reliable data on the overall burden of disease on older persons are rare. Access to primary health care for older persons is severely limited, in both physical and financial terms. Even when older persons are entitled to free health care, payment is often requested for services, or health care is denied owing to their advanced age. In general, public health policies still focus almost exclusively on children and mothers, while the health concerns of older persons are often ignored. As the first step in initiating necessary adjustments in health- and social-care policies, it is important to raise the awareness of policymakers about the growing number of older persons and their specific health-care needs.

36. In Latin America, a number of countries, including Chile, Costa Rica, El Salvador, Nicaragua, Panama and Uruguay, have taken steps to regulate long-term care institutions. Some countries, such as Chile and Costa Rica, have devised registration systems to enforce higher levels of quality in service provision. Informal care programmes are a recent addition to the public agenda: for instance, Argentina instituted a national home-care programme, Costa Rica has a programme run by the National Council of Older Persons, and Cuba provides home support and basic needs assistance to almost 95,000 older persons. El Salvador has instituted specific training programmes for homecare providers and Nicaragua has published self-training materials for caregivers.

37. Before the adoption of the Madrid International Plan of Action, many countries of the Caribbean subregion, one of the fastest ageing regions in the world, had already established, within the limits of available resources, policies and programmes in the area of social and medical care of older persons. Nearly all countries in the subregion already provide, or are planning to provide, free medical care to older persons. In recent years, there have been additional efforts to expand or reorient services to meet the needs of a growing number of older persons.

38. Age inequalities in terms of access and outcomes of health care are issues for debate and action in both developed and developing countries. While there may not be an overt age discrimination policy, negative stereotypes about older persons and their health-care needs still prevail and often influence medical practice. Around the world, scarce resources, combined with the low profile and prestige of geriatric medicine, are behind the shortage of qualified professionals — both medical doctors and nurses — that leads to numerous cases of neglect or inappropriate care of older persons owing to, among other reasons, misdiagnosis and overmedication. Consequences include the diminishing quality of life of older persons and increasing costs of health- and long-term care in old age.

39. Attention to the geriatric training of health professionals should be complemented by educational programmes for family caregivers and the general public about the ageing process. It is equally important to ensure close collaboration between health-care and social-services professionals involved in the care of older persons. Some developing countries, including Egypt, Jordan and Lebanon, have been successful in introducing geriatrics into several academic programmes and universities. There is some evidence of attempts to reorient public policy towards meeting the needs of older persons in economies in transition. For instance, in Kazakhstan, a pilot medical centre was set up to integrate the provision of medical and social assistance to vulnerable groups, including older persons, and improve the quality of medical services. In Malaysia, the Institute of Gerontology was founded in April 2002, offering post-graduate studies in the field of old age and ageing; in 2005, a new subject on "Basic gerontology and geriatric services" was introduced to upper secondary-level students.

40. Some progress since the Second World Assembly on Ageing can be noted on the political front in the area of older caregivers for victims of the HIV/AIDS pandemic. The Political Declaration on HIV/AIDS (General Assembly resolution 60/262), adopted by the General Assembly at the High-level Meeting on HIV/AIDS, calls for practical measures to support social systems protecting children affected and living with HIV/AIDS, and for the extension of assistance to older persons caring for grandchildren who have become orphaned, a trend prevalent in sub-Saharan Africa. The move from rhetoric to practical measures, however, has been slow.

E. Empowerment of older persons: protecting rights, facilitating participation and promoting positive and balanced images of ageing

Protecting rights

41. The fight against age-based discrimination and the promotion of the dignity of older persons are fundamental to ensuring the respect that older persons deserve. Promoting and protecting all human rights and fundamental freedoms are important in order to achieve a society for all ages (see the Madrid International Plan of Action on Ageing, para. 13).

42. Age-based discrimination, which prevents full societal participation by older people, is a long-standing issue in almost all societies. Older people are discriminated against in key development arenas, such as health, education, employment and access to other services. Older people's voices are too rarely heard in shaping policies and processes, including those that directly affect them. Vulnerable older people can suffer unduly from neglect and abuse, particularly older women, whose right to inherit land and property are often threatened. Widows are especially vulnerable and prone to violence, receiving few or none of the entitlements obtained by men, and in some instances, even lacking comparable status in the community and the family.[17]

[17] UNFPA, *Population, Ageing and Development: Operational Challenges in Developing Countries* (2002).

43. Human rights violations, marginalization and abuse have been identified among the main negative trends and factors affecting older persons in the region of the Economic Commission for Africa (ECA). A better understanding of the effects of those factors on the situation of older persons and their interplay with other multiple factors is a major priority for action on ageing in the region. The human rights of older persons, especially those of poorer and non-naturalized, non-citizen immigrant residents, may be put at risk by ongoing changes in immigration laws and family reunification practices, including restrictions concerning residence permits and social and medical entitlements and welfare benefits.

44. In the absence of internationally agreed human rights instruments in the area of ageing, such as a convention or similar legally binding document, the agenda of older persons' rights has been gaining ground primarily at the national level, through the promulgation of special rules and regulations to protect those rights, as well as through the development of advocacy and training and education programmes. Human rights education for older persons is important, as it helps them to play a more active role in securing their rights, while the training of professional staff, care volunteers and family members may improve services for older persons in institutions and at home. Education of the young regarding ageing and the rights of older persons should not be underestimated; rather, it should be seen as a fundamental, long-term strategy to combat age-based discrimination.

45. Since 2002, many countries have adopted a broad range of legislation addressing the rights of older persons. Countries in the region of the Economic Commission for Latin America and the Caribbean (ECLAC) that have done so include Brazil, El Salvador, Mexico, Paraguay, Uruguay and Venezuela (Bolivarian Republic of). In Colombia, older people are included in the national human rights plan as a sector of the population with specific rights and entitlements. At least 80 per cent of ECLAC countries have some type of legislation protecting the rights of older persons in institutions.

46. Existing biases in the hiring and dismissal of older workers reflect negative attitudes that are still prevalent at the national level. In that context, legal measures to promote labour-force participation of older persons may be considered an important benchmark on the way to combat age-based discrimination. The protection of the rights of older persons has been identified as one of the highest priorities for action in the coming decades by governments of many countries. In the ESCAP region, for example, Australia, China, Japan, New Zealand and Sri Lanka have introduced anti-age-discrimination legislation. Laws protecting the rights of older people also exist in the European Union, where countries are working to meet the deadline at the end of 2006 for compliance with the Equal Treatment Framework Directive of 1999.

47. In combating age-based discrimination, Governments have been effectively assisted by civil society organizations. At the global level, HelpAge International has continued to address the issue of the rights of older persons through research and advocacy. The International Network for Prevention of Elder Abuse, in partnership with the WHO Ageing and Life Course programme, individuals and non-governmental organizations from around the world, launched on 15 June 2006 the first World Elder Abuse Awareness Day to raise awareness of the widespread prevalence of elder abuse and the need to combat it. The non-governmental organization AGE — the European Older People's Platform — is committed to

combating all forms of age discrimination in all areas of life, and aims to monitor and influence the implementation of various relevant European Union initiatives.

Facilitating participation

48. The participation of older persons in different spheres of society is a crucial aspect in realizing their rights and an essential tool of their empowerment. Their participation is multifaceted, as it includes, inter alia, their active involvement in the implementation of policies that directly affect their well-being, sharing their knowledge and skills with younger generations and forming movements or associations that could help them articulate their concerns and claim their rights. However, for many older persons around the world, that goal has not been achieved.

49. Nevertheless, since the Second World Assembly on Ageing, a broader range of government and civil society initiatives has sprung up, aimed at creating forums for the participation of older persons. There have been encouraging examples in some countries of greater involvement of older persons in decision-making, such as the mobilization of older persons' groups to monitor the implementation of government policies and programmes on ageing, and the partnering of non-governmental organizations with Governments to meet the objectives of the Madrid Plan of Action. Some Governments have created coordinating bodies on ageing issues, which include older persons together with such traditional stakeholders as government agencies.[18]

50. During the first cycle of the review and appraisal of the Madrid Plan of Action in 2007-2008, the bottom-up participatory approach could directly involve older persons in the review and appraisal exercise, and, simultaneously, provide an "entry point" for their participation in all stages of implementation of the Plan. The immediate purpose of the participatory approach is to ensure that older persons have an opportunity to express their views on the impact of national policy actions affecting their lives. However, the overall goal is to ensure that older persons are involved in all phases of policy actions on ageing, including policy design, implementation, monitoring and evaluation.

Promoting positive and balanced images of ageing

51. The protection of the rights of older persons is the core element of any policy related to ageing and the most important prerequisite of empowerment of older persons. However, for the process of empowerment to become sustainable, it is necessary to ensure that older persons are recognized and appreciated as valued and welcome members of society. Unfortunately, that is very often not the case and prevailing images of and corresponding attitudes towards older persons are negative. The empowerment of older persons and the promotion of their full participation are essential elements of active ageing (see the Madrid International Plan of Action on Ageing, art. 12).

52. In recent years, there has been tremendous growth in public awareness about the ageing of societies, as reflected, for example, in the media and the business community. Quite often, however, media stories tend to focus on alarmist reports about the potentially negative impact of changing age structures and the growing

[18] For a more detailed description of regional institutional arrangements, see A/61/167, paras. 18 and 19.

number of older persons. Stories describing positive and active ageing, be it in the workplace or the community, are often lacking.

53. The alarmist nature of reports tends to be built on a fear of economic difficulties, or even the decline of societies as a result of ageing, including such effects as higher costs of pensions, health care and long-term care. Benefits for future generations — in terms of improved educational and job opportunities owing to a declining labour force — and for the environment are often overlooked, while a decline in the working age population is depicted as a threat to national security. It is also often underreported that, thanks to expected productivity gains, in the future fewer workers could produce more. In addition, older persons in intergenerational living arrangements could help young parents with childcare responsibilities, allowing for higher labour-force participation rates. Furthermore, appropriate savings and investment strategies could prevent the perceived financial difficulties of ageing societies.

54. Meanwhile, WHO has promoted a positive approach to active ageing, seen as a "process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. ... It allows people to realize their potential for physical, social and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance".[19] Reports on the positive effects of life-long physical and mental exercise and the ongoing engagement of older persons in employment, volunteering, continuing education and care-giving activities for family members or others have burgeoned since 2002.

55. A new image of older persons as a potentially significant segment of the consumer market is beginning to attract businesses lured by the size of the soon-to-retire baby-boom generation. Businesses are beginning to target their products at older customers or to seek to develop new products and technologies that will appeal to or be needed by a new generation of older persons.

56. The existing negative perceptions regarding older persons are often unfounded and far from "neutral", particularly regarding the employment of older workers. A recent OECD study concluded that it was important to dispel a number of myths in that area, given that they could undermine reform efforts and the adoption of age-friendly practices. For example, despite statements that working capacity systematically deteriorates with age, many studies of employers and older workers clearly demonstrate that older and younger workers have both strengths and weaknesses, and can contribute differently to the workforce. Likewise, there is little evidence to support the assertion that work intensification in existing jobs is exerting pressure on workers to retire early, or that older workers are just "too tired" to carry on working. In fact, many older workers are fully capable and willing to carry on working if given more flexible working-time options.[12]

57. To be relevant and practical, the concept of "active ageing" should be firmly linked to reality. Generalizing about ageing, from either a negative or a positive perspective, can be counterproductive; a more balanced perspective requires an approach that sees later life not as a one-dimensional experience, but as a fluid,

[19] See World Health Organization, *Active Ageing: A Policy Framework* (Geneva, 2002).

complex and heterogeneous time.[20] Overall, older persons possess higher accumulated stocks of human capabilities and experience, and their contribution to society must be recognized. Removing structural barriers could contribute to further improvements in their productive capacity and flexibility.

F. Research on ageing and policy action: towards better synergy

58. The Madrid International Plan of Action identifies research activities and national data collection and analysis for policy planning, monitoring and evaluation as crucial elements of the national implementation process. At the international level, the exchange of researchers and research findings and data collection to support policy and programme development are listed in the Plan as a priority for international cooperation on ageing.

59. Since the Second World Assembly on Ageing, numerous initiatives undertaken at the national and cross-national levels have contributed to a better understanding and knowledge of ageing. They include: the establishment in 2004 of the International Research Centre for Healthy Ageing and Longevity in Sydney, Australia; the launch in 2005 of AFRAN, a research network of key African and international scholars, policymakers and civil society representatives in the field of ageing; a series of World Ageing and Generations Congresses organized by the World Demographic Association at the University of St. Gallen, Switzerland; and the establishment of the European Research Area in Ageing project.

60. The International Association of Gerontology and Geriatrics continues its efforts to consolidate global scientific inquiries into ageing through the exchange of information, regional conferences and global congresses of gerontology and geriatrics. The Research Agenda on Ageing for the Twenty-first Century, the project conducted jointly by the Association and the United Nations programme on ageing, has been advancing: regional workshops were held in 2003 and an inter-regional consultation was organized in 2005. While research on ageing is indispensable, for its own sake as well as for providing a foundation for policy actions, in practice the link between research and policy agendas remains mostly sporadic. The first cycle of the review and appraisal of the Madrid Plan of Action therefore offers an opportunity for policymakers and researchers to explore the means to achieve better coordination of their work in the area of ageing.

61. The priorities of policy-related research on population ageing include the implications of epidemiological transition; the growing incidence of obesity and its consequences for longevity; the consequences of population decline in some countries; and migration — both international and rural to urban — and its effects. In developing countries, acute infectious diseases pose a constant threat to individual health and national development, as does the prevalence of chronic diseases. Most if not all disorders or effects are preventable through appropriate health promotion measures, but if neglected can become major causes of chronic conditions and disability in later years. Furthermore, not only would older persons

[20] Peter Lloyd-Sherlock, "Ageing, development and social protection: generalizations, myths and stereotypes in living longer", in UNRISD and Zed Books, *Ageing, Development and Social Protection* (London, 2004).

experience a diminished quality of life, but the fragile health-care systems of developing countries would most likely become overburdened.

62. Unhealthy diets, smoking and sedentary lifestyles are behind the emerging obesity pandemic, which in turn leads to an increase in type-2 diabetes, cardiovascular disorders and cancer in all world regions. Particularly troubling is the rapid rise in childhood obesity throughout the world. The phenomenon is expected to cause significant increases in obesity-induced health conditions as these children reach middle age. If current trends continue, today's younger generation could live shorter and less healthy lives than their parents' generation for the first time in the modern era.[21] Thus, promoting better health among younger people represents the best strategy for meeting the future demands for care in an ageing society.

63. Significant advances have also been made in the understanding of the basic foundations of individual ageing and longevity, pointing to numerous cases of interaction between genetic mechanisms[22] and the environment. The latter includes a host of physical, biological and social factors, such as climate, nutrition, lifestyle, intergenerational relations and many others.

64. The findings of biomedical studies of ageing and age-associated disorders have direct implications for individual health and longevity, public policies aimed at promoting healthy and active ageing, and for the treatment and prevention of age-related disorders and disabilities. Scientists are now calling for a paradigm shift away from the disease-specific approach towards one more focused on the causes of diseases and their relation to ageing. A mounting body of evidence points to a possibility, while still elusive, that it might be possible to slow the ageing process in humans. The prospect that humanity could derive a number of social, economic and health benefits from the extension of healthy life is known as the longevity dividend. If achieved, such a dividend could have far-reaching social, ethical, psychological and economic implications.[23]

65. In studies on mental health, increasing attention is being paid to the early detection and prevention of age-related disorders such as Alzheimer's disease. Some promise is seen in medical interventions aimed at the early detection of mental decline and the prevention or slowing of progression towards senile dementia.

66. Better synergy between the research agenda and the policy process would ensure that society benefits from a greater understanding of the changing demographics and fundamentals of human ageing. With that added knowledge, societies would be better prepared to provide appropriate health and social services and support to respond to an advancing median age, a decreasing fertility rate and prolonged life expectancy.

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[21] "A potential decline in life expectancy in the United States in the 21st century", *The New England Journal of Medicine* (17 March 2005).

[22] David Sinclair and Lenny Guarente, "Unlocking the secrets of longevity genes", *Scientific American* (March 2006).

[23] S. Jay Olshansky, Daniel Perry, Richard A. Miller and Robert N. Butler, "In pursuit of the longevity dividend", *The Scientist* (March 2006).

III. Conclusions and recommendations

67. Participants at the Second World Assembly on Ageing in Madrid discussed and defined a broader agenda for global issues on ageing, helping to "demystify" population and individual ageing and to include in political agendas a range of objectives and goals connected to achieving "a society for all ages". Progress in that field has been uneven. Growing awareness of ageing is a clear sign of advances on that front. On the other hand, in many countries, progress since 2002 in achieving the objectives of the Madrid Plan of Action may appear rather slow, when evident at all.

68. **The present report is not intended to replace the global review and appraisal of the Madrid Plan of Action, which is expected to bring, through a bottom-up participatory exercise as well as other methods of policy evaluation, first-hand results, conclusions and follow-up ideas regarding challenges in its implementation. In order to facilitate the first cycle of the review and appraisal of the Plan, the Commission may wish to invite Governments to take into consideration the selected policy issues highlighted in the report while identifying specific areas for in-depth participatory inquiries using a bottom-up approach.**

69. **Significant contributions to the present report were made by the regional commissions. The Commission may wish to request the Department of Economic and Social Affairs, as the United Nations focal point on ageing, to continue and strengthen its collaboration with the focal points on ageing in regional commissions in conducting the first cycle of the review and appraisal of the Plan, including the identification of regional and global priorities for its further implementation. In addition, the Commission may also wish to welcome the initiatives of the Governments of Brazil, China and Spain to host, in 2007, the regional review and appraisal meetings in the ECLAC, ESCAP and ECE regions, and to invite countries of the ECA and ESCWA regions to cooperate in conducting the review and appraisal exercises in their regions, including organizing regional meetings.**

70. **The Commission may wish to recommend to Governments that they redouble their efforts to integrate older persons into the mainstream of development policies, and encourage coordinated actions on the many fronts related to the ageing agenda, particularly by improving working conditions for older workers, dismantling employer barriers to hiring and retaining older workers, promoting employability and providing better care services.**

71. **With reference to the Madrid Plan of Action, the Commission may wish to reiterate the importance of independent and impartial monitoring of progress in its implementation, and invite academia and civil society organizations to conduct further studies, share their findings during the review and appraisal and formulate proposals for future policy action.**

72. **Given that the first cycle of the review and appraisal of the Madrid Plan of Action will be concluded at the forty-sixth session of the Commission, in 2008, the Commission may wish to invite all major stakeholders, including Governments, academia and non-governmental organizations, to organize, during its forty-sixth session, parallel and satellite events, including panel discussions, seminars and round tables, to explore the findings of the review and appraisal exercise and to identify future priorities for implementation of the Plan.**